



PATENT  
SILVERLINE 3.01003

#1-20-01  
Mel

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of  
Arthur Silverman

Application No. 09/304,976

Filed: May 4, 1999

For: BLOW-OUT PREVENTION  
MECHANISM FOR WINDOWS

Group Art Unit: 3635

Examiner: Yvonne M. Horton

Date: January 9, 2001

Batch No.

#10mc

X

Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed herewith are four (4) sheets of formal drawings for filing in connection with the above-identified application. The formal drawings are submitted in order to correct the informalities listed in form PTO-948.

In the event there are any fees due and owing in connection with this matter, please charge same to our Deposit Account No. 12-1095.

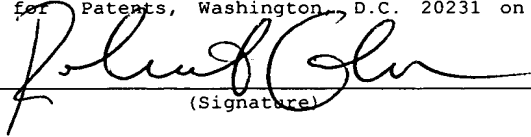
Respectfully submitted,

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 on January 9, 2001.

  
(Signature)

ROBERT B. COHEN

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Assistant Commissioner for Patents  
Washington, D.C. 20231

TO 3600 MAIL ROOM

Sir:

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated as shown below.

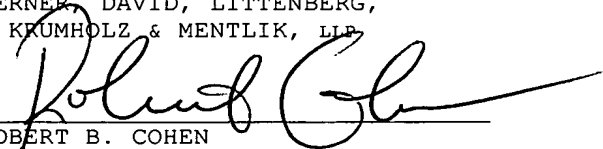
CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PAID FOR	NUMBER OF EXTRA CLAIMS	RATE	ADDL. FEE
TOTAL CLAIMS	* 25	MINUS **	25	= 0	x \$ 18 = \$	0.00
INDEP. CLAIMS	* 3	MINUS ***	3	= 0	x \$ 80 = \$	0.00
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$270 = \$	0.00
		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....			\$	0.00

- \* If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.  
\*\* If the "highest number paid for" in this space is less than 20, write "20" in this space.  
\*\*\* If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☒ No additional fee is required.  
2. ☒ Charge \$ or any additional fees or credit overpayment to Deposit  
Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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